

Hospice Horizons

NEWS FROM HOSPICE OF THE CAROLINA FOOTHILLS

Hospice Programs

Restoring Hope, One Person and Family at a Time



Bessie Hall, Camp Care resident in Inman, enjoys a baseball game with family members and HoCF staff.

Serious illness, death and grief are words and situations that we don't usually place in the same sentence and context with the notion of **hope**.

When people who are ill can't be cured; when dementia takes away the person you love; when chronic illness changes a couple's lifestyle;

when families don't know how to get the help they need; when loss of a loved one takes away joy, hopes of all kinds are destroyed.

Through our programs of hospice care, palliative care and bereavement care, staff and volunteers meet people in their hopelessness and supply new hope in unexpected measure. Hope restored includes comforts for physical and emotional pain; education and resources for the problems being faced; assistance in making new wishes come true; and the skilled and compassionate availability of listening ears, helping hands, and hearts that understand.

HOSPICE CARE

Individuals are admitted into hospice care when all signs point to an illness or condition of limited life expectancy. A team of professionals focus on comfort rather than cure, and their goal is to assist the person and their family spend whatever time remains in the ways they desire.

Hospice staff helped Bessie Hall's family make a wonderful memory on a summer evening in August at West End Field, home of the Greenville Drive. Hall, 88, a resident of Camp Care Nursing Home in Inman, and a longtime baseball fan, ate ice cream, met mascot

Reedy Rip't and smiled for the camera. Hospice staff reports that the normal indicators of Hall's dementia temporarily subsided as she enjoyed the sounds, sights and smells of a baseball field.

PALLIATIVE CARE

"Hospice care is so good, it's a shame you have to be dying to get it," commented a local physician several years ago. We thought it a shame too, and in March began providing services to folks who, though seriously ill, are not hospice appropriate. Our Palliative Care Support Team (PCST), listens, educates, guides, and identifies resources for people living with chronic illness.

The most commonly reported benefits include:

- Availability of medical professionals who make "house calls" and spend a generous amount of time assessing and counseling.

Continued on page 3

INSIDE

2
EXECUTIVE DIRECTOR'S
LETTER

3
SUPPORT & EDUCATION

4
FAST FACTS

GRATEFUL FAMILIES

The care given to my dying mother by the Hospice team was outstanding. They followed her wishes without exception. Thank you to all!

—A SALUDA RESIDENT

I was so relieved when Hospice took over. My illness is not my problem anymore; it's Hospice's, and they're managing everything so well."

—A COLUMBUS RESIDENT

Hospice staff were very responsive to Mama's needs and to our needs during and after her death.

—A LANDRUM RESIDENT

Serving More People

With the Same Compassionate Care



For more than a quarter century, Hospice of the Carolina Foothills has helped people cope with serious illness, loss and grief. We began in mid-1981, serving nine people, and their families, that year. Throughout the years, we have cared for thousands of people

in our nearby communities who struggle—as we all have or will—with the physical difficulties and emotional strains regarding illness, death, grief.

Our mission—“to promote and provide compassionate end-of-life care”—has not changed. What is changing is the expansion and development of services to better serve more people.

Hospice care, which focuses on comfort rather than cure for people with terminal illness, has increased dramatically in the past year. In 2005, the average number of people receiving hospice care each day was 45, and in January-August of this year, the average was 80.

With an increase in hospice use, comes an increase in bereavement care for families and caregivers. And even though we have always offered bereavement support, it is stronger and more widely utilized than ever. Our bereavement care staff is seeing an unprecedented number of non-hospice people in groups and private counseling who are dealing with the loss of loved ones. So far in 2006, monthly grief support groups and ten grief education events have been held for the community. Last spring, Hospice held the first grief support group for students at Polk County High School. Still to come this year are six educational offerings, plus our daytime support group and a new evening support group (see p. 3 for dates and times).

In March, we began a brand new program of services called Palliative Care for folks with serious illness whose needs are not being addressed. There are many people—you and I know some personally—who suffer from a

chronic illness, are not hospice-appropriate and are not getting their needs met through the healthcare system.

Local physicians have responded well to our offer of a Palliative Care Support Team, made up of our medical director and palliative care physician Garry Snipes and medical social worker Ami Hernandez. At the bidding of the attending physician, this consulting team makes “house calls” on individuals with chronic illness wherever needed—at home, in nursing or assisted living facilities, at the hospital. They help manage physical symptoms of the illness, connect the family with community resources and provide education that helps both the patient and family cope better. In seven months, the PCST has seen close to 100 people and is currently serving 35 patients and their families.

On top of all this, our application for a Certificate of Need to build a Hospice House was approved in August. We are thrilled at the prospect of providing hospice care in a safe, private and beautiful environment to families who cannot care for their dying loved ones at home. And we look forward to sharing our plans with you as they unfold.

We’re grateful for the continued confidence you place in us as we care for you and your families through illness, death and grief. As we grow and expand our services to better care for more people, we are committed to providing the same professional and compassionate care that your hospice has always provided.

Please feel free to let us know how we’re doing and how we can help you. ■

Jean Eckert
Executive Director

HospiceHorizons
A HOSPICE OF THE CAROLINA
FOOTHILLS PUBLICATION

Serving Polk County,
North Carolina and up-
state South Carolina

Jean H. Eckert
Executive Director

Garry Snipes, MD
Medical Director

Board of Directors

Ronald E. Smith
Chairman

Joseph Phayer
Vice Chairman

Jean L. Wright
Treasurer

Anne Arledge
Secretary

Gary L. Byrd
Dale Holl

Ralph D. Kuether

Robert Earle Lee

James E. Meminger

William Miller

Jack Newton

Norman Powers

Callie Smith

Thomas P. Strader

Jacquelyn W. Wright

Mission Statement

Hospice of the Carolina Foothills promotes and provides compassionate end-of-life care, meeting the medical, emotional and spiritual needs of individuals and their families.

Contact Information

TEL 828.894.7000

800.617.7132

FAX 828.894.2254

E-MAIL hocf@hocf.org

WEBSITE www.hocf.org

Newsletter Editor

Marsha Van Hecke

SPONSORS

This issue of *Hospice Horizons* is made possible by the generous support of these sponsors.

TRYON ESTATES

617 Laurel Lake Drive
Columbus, NC
828.894.3000

ACTS
Retirement-Life
Communities™

DENTISTRY 2000
Smile's a Good Investment

David C. Cotty, DMD & Associates, PA
828.894.2000
www.dentistry2000.net
New Patients Welcome

LaurelHurst **LAURELWOODS**
FACILITY HOMES

1062 West Mills Street
Columbus, NC
828.894.3900

www.laurelhurst-laurelwoods.com

Tryon Federal Bank
A HomeTrust Bank

Columbus: 828.894.3021
Tryon: 828.859.9141

SUPPORT & EDUCATION FOR THE COMMUNITY

Hospice of the Carolina Foothills is committed to providing support and education to the families of those to whom we provide hospice and palliative care, and also to the community at large. Upcoming programs and events include:

Grief Support Groups

First Tuesday of each month, Noon – 1 p.m.
(November 7, December 5, January 2, February 6)

This ongoing group, facilitated by a Hospice staff member, offers encouragement and comfort in a safe and confidential environment to anyone in the community grieving the loss of a loved one. Bring a bag lunch if you wish; drinks and dessert will be provided.

Last Thursday of each month, 6 - 7 p.m.
(October 26, November 30, December 28)

This NEW evening group offers the same safe and supportive opportunity for those whose schedules are better suited to a nighttime group. It, too, is open to the community.

Volunteer Training in Inman, SC

Evening hours October 16, 17, 19, 23 and 24

Fifteen hours of training by Hospice staff and volunteers prepares you to make a difference in the lives of individuals and fam-

ilies coping with terminal illness. Registration is required.

“Getting Through the Holidays When Someone You Love has Died”

Tuesday, November 14, 7:00 p.m.

Thursday, November 30, 10:00 a.m.

Same presentation offered twice. Designed to help adults who are facing the holidays after the death of someone special to them, and to help all of us learn how best to reach out to grieving friends.

Seventh Annual Tree of Remembrance Celebration

Tuesday, December 12, 5 – 6 p.m.

The Tree of Remembrance offers people a way to honor and remember people dear to them through donations and the purchase of ornaments inscribed with the names of loved ones.

(See insert) ■

All programs are free and open to the public. Contact Hospice for more information.



PROGRAMS ... Continued from page 1

- Connection to community resources.
- Time spent in consultation with family members—either face-to-face or by telephone—educating, guiding and coordinating information from different sources.

BEREAVEMENT CARE

At a time when people need the encouragement and comfort of people who understand, bereavement care staff reach out in a multitude of ways. They make phone calls and visits, send cards and appropriate reading materials; provide support groups, education and one-on-one counseling. According to Sharon Slater, Bereavement Care Coordinator, the kinds of tangible support we give helps in several ways: it assures those who are grieving they are not alone in their grief; it reassures them that grief is normal and necessary in order to heal the wounds of the loss; and it offers them specific

resources to lean on during a time of sadness and adjustment.

Hospice is committed to providing support not only to families who receive hospice care, but also to folks in the community who suffer losses we aren't involved with.

HOPE

Three avenues of hope for those in our area who cope with serious illness, death and grief. You don't have to go through them alone. Call us for more information about how we can help you and your family. ■



Garry Snipes, M.D., Hospice Medical Director and Palliative Care Physician, with White Oak Manor resident and daughter.



FAST FACTS

WHAT IS A HOSPICE HOUSE?

A Hospice House is a safe and peaceful home-away-from-home for patients and their families. A professional staff provides comfort care and other hospice services 24 hours a day, 7 days a week, for patients unable to stay at home. Each patient has a private bedroom equipped for a family member to spend the night. The entire house and grounds and all policies are designed to provide a professional, family-friendly environment in which to receive the care and support needed during a terminal illness.

WHO WILL USE HOSPICE HOUSE?

Two different types of patients will stay at Hospice House. One, those who need short-term medical attention, who will usually return home after a short stay (inpatient care); and two, hospice patients who need a place to live and be cared for when home

care is not possible (residential care).

HOW DID YOU DECIDE ON 12 BEDROOMS?

We have been considering and researching this project for several years. We have evaluated a great deal of data: industry standards, statistical projections, state guidelines, area demographics and more. We have also consulted with existing residential hospices. The result of our studies suggested a need for 12 beds by the year 2010. The SC Dept. of Health & Environmental Control has granted HoCF a Certificate of Need for the construction and sustainability of a 12-bed facility.

WHY NOW?

The dramatic increase in the use of HoCF services over the past several years made it clear to us that now is the time to build Hospice House. The average number of patients receiving hospice care each day has risen from 36 in 2003, to 46 in 2005, to 67 in January

2006, to 101 in August 2006. And this increase includes a growing percentage of those who cannot stay at home.

WHO WILL PAY THE DAY-TO-DAY OPERATING COSTS OF HOSPICE HOUSE?

Hospice House will operate largely with reimbursement by Medicare, Medicaid, or private insurance for routine hospice services.

WHAT IF A PERSON HAS NO INSURANCE AND CAN'T PAY?

As always, HoCF will provide care regardless of a person's inability to pay. We will continue to rely on the community's generous financial support to meet these needs.

WILL PETS BE ALLOWED TO VISIT?

Of course! And children of all ages as well.

HOW WAS THE SITE CHOSEN FOR HOSPICE HOUSE?

With extreme care. It is in the center of our service

area and easily accessible from I-26 and State Highway 14. It is heavily wooded, providing privacy, beauty and serenity.

WHAT WILL HAPPEN TO THE ADMINISTRATION AND PROGRAM CENTER IN COLUMBUS?

It will continue to serve as the office for staff providing hospice care in homes and nursing facilities, and for administrative staff for all hospice and end-of-life services and programs. It will also continue to provide space for educational programs and events—those sponsored by HoCF and other community groups.

WHEN DO YOU EXPECT TO HAVE THE HOSPICE HOUSE READY FOR PATIENTS?

We hope to break ground in mid-2007 and open in mid-2008.

This issue of *Hospice Horizons* is made possible by the generous support of

- Tryon Estates
- Dentistry 2000
- LaurelHurst/
LaurelWoods
- Tryon Federal Bank



130 Forest Glen Drive
Columbus, NC 28722

Nonprofit Org.
U.S. Postage
PAID
Tryon, NC 28782
Permit No. 81